Attorney's Ref: KABA/149/US Date: July 9, 2003

MAIL STOP PATENT APPLICATION **Commissioner For Patents** P.O. Box 1450 Alexandria, VA 22313-1450



Sir:		
Transn		erewith for filing is the  Utility  Design patent application of: or(s): Thomas J. DiVito Cylinder Lock with Programmable Keyway
Enclos	ed are:	
		18 Sheets Of Specification 7 Sheet(s) Containing Figures 1 – 10 ☐ Formal ☒ Informal A Return Receipt Postcard. An Assignment Of The Invention A Certified Copy Of A Priority Document An Inventor's Declaration (Signed). A Copy Of Verified Statement Claiming Small Entity Status. A Preliminary Amendment. Other − Information Disclosure Statement with Form PTO 1449 Other − Request for Non Publication
∏ If c	hecked	, this application is a: Continuation Continuation-in-part Divisional
Applica	ation of	prior United States Patent Application No.: previously examined by(Examiner) in Group/Art Unit
an oat	h or duation o	ion or Divisional Applications: The entire disclosure of the prior application, from which eclaration is supplied, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can upon when a portion has been inadvertently omitted from the submitted application
"Expre addres	ss Mai sed to	tify that this paper or fee is being deposited with the United States Postal Service il Post Office to Addressee" Service under 37 CFR 1.10 on <u>July 9, 2003</u> , and is the "Mail Stop Patent Application, Commissioner For Patents, P.O. Box 1450 A 22313-1450".
		Irene O'Brien

Attorney's Ref: KABA/149/US Date: July 9, 2003

Utility Applic	ation Wi	th Fee C	alculated l	Below:			
☐ If Ch	ecked, A	Applicant	ls A SMA	LL ENTITY.			
	CLAIMS No. Filed			SMALL ENTITY		LARGE ENTITY	
Total Claims	24	20=	4	x \$9 =		x \$18 =	\$72.00
Independent claims	5	3=	2	x \$42 =		x \$84 =	\$168.00
Basic Fee					\$375.00		\$750.00
Multiple Depend	dent Cla	ims		x \$140		x \$280	
Presented				TOTAL		TOTAL	\$990.00
	in the a	mount of	<u>\$990.00</u> t	o cover the fili	ng fee is enclose	d.	
☐ Please of fee. ☐ A dupl					in the amount of	\$ to c	cover the filing
	ciated w	ith this c	ommunica	ation or credit	e any additional any overpaymen		
	dency of	f this ap <sub>l</sub>	olication a	nd to credit and enclosed.  Jackhitz, 750 I	nes Ristas, Reg Yale & Ristas, Ll Main Street – Sui ord, Connecticut bhone: (860) 527	No. 28,663 Pite 1400 06103-2721	
				. 0.0	7110110. (000) OE	0211	
Date: July 9, 20 Our Ref: KABA							

EXPRESS MAIL Mailing Label Number: <u>EV 071484412US</u> Page 2 of 2